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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/215,323 06/30/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

08/15/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 175	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>				

## ADDRESS

020306

## TITLE

COMPOUNDS TO TREAT ALZHEIMER'S DISEASE

<b>FILING FEE RECEIVED</b> 4552	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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